

May. 13. 2013 6:47PM

No. 1603 P. 33

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445286	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION- FAIRPARK			STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 MARYVILLE, TN 37801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the one (1) hour fire rated ceiling.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on April 24, 2013 at 1:30 p.m. confirmed that the sheet rock for the one (1) hour fire rated ceiling assembly by the staffs' time clock room has one (1) penetration by an electrical junction box and the sheet rock has become unattached and is starting to fall.</p> <p>This finding was acknowledged by the maintenance director and confirmed by the administrator during the exit conference on April 24, 2013.</p>	K 025	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K025 On April 27, 2013 a qualified contractor replaced the unattached piece of ceiling sheet rock in the staffs' time clock room was replaced with the appropriate 1 hour fire rated sheet rock.</p> <p>Inspection of smoke barriers is included in the centers Preventive Maintenance (PM) Program and inspections are conducted monthly by the Plant Operations Director. Findings of the facility PM program are reported to Performance Improvement committee at regular scheduled monthly meetings for review and corrective actions taken and /or recommended. The facility Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Case Manager, RN Care Plan Coordinator, Social Services Director, Activities Director, Nutritional Services Manager, Plant Operations Director, Business Office Manager and Admissions Director.</p>	5/18/2013	
K 038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily</p>	K 038			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Donna D. Hammonville

Executive Director

5/13/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to have magnetically locked exit doors function properly. The findings include: Observation and testing on April 24, 2013 from 2:00 p.m. to 3:00 p.m. revealed that during the fire alarm activation that five (5) out of five (5) delayed egress doors did not release the magnetic locking device. Upon testing five (5) out of five (5) delayed egress doors during the fire alarm activation revealed that the doors still functioned as a 15 second delayed egress door should. The coded key pad also still functioned properly and released the doors when the code was entered. Staff interview confirmed that the staff was familiar with how to open the doors if need be. This finding was acknowledged by the maintenance director and confirmed by the administrator during the exit conference on April 24, 2013.	K 038	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions, set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> K038 On April 24, 2013 a qualified contractor for Door Alarm System replaced a faulty series circuit relay and the door alarm system fully operational by 7pm on said date. System will be checked weekly for 4 weeks and then at least monthly as per the Preventative Maintenance (PM) Program . Findings will be reported to Performance Improvement Committee at regular scheduled monthly meetings for review and any corrective action taken if indicated. This committee includes Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Case Manager, RN Care Plan Coordinator, Social Services Director, Activities Director, Nutritional Services Manager, Plant Operations Director, Business Office Manager and Admissions Coordinator.	5/18/2013	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating	K 062			

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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION- FAIRPARK

STREET ADDRESS, CITY, STATE, ZIP CODE

307 N FIFTH ST BOX 5477
MARYVILLE, TN 37801

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K 062	Continued From page 2 condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the automatic sprinkler system. The findings include: Observation and interview with the maintenance director on April 24, 2013 at 10:30 a.m. confirmed that the sprinkler heads in the kitchen have started to tarnish and the sprinkler head the dish wash room has a damaged deflector. This finding was acknowledged by the maintenance director and confirmed by the administrator during the exit conference on April 24, 2013.	K 062	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	5/18/13
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the Heating Ventilating and Air Conditioning (HVAC).	K 067	K062 A qualified Sprinkler System Contractor replaced sprinkler heads in kitchen on May 10, 2013. The entire sprinkler system is inspected monthly by Plant Operations Director and inspected and tested quarterly by a qualified sprinkler system contractor per the corporate Preventative Maintenance (PM) Program to ensure the automated sprinkler system is continuously maintained in reliable operating condition. Results of the inspections are reported to Performance Improvement Committee at regular scheduled monthly meetings for review and corrective actions, if indicated. This committee includes Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Case Manager, RN Care Plan Coordinator, Social Services Director, Activities Director, Nutritional Services Director, Business Office Manager and Admissions Coordinator. K 067 It is the policy here that all installations of Heating, Ventilation and Air Conditioning systems meet the manufacturer's specifications. The HVAC contractor completed the installation of dampers in clean linen closets and the Nurses Station on	5/18/13

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K 067	<p>Continued From page 3</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on April 24, 2013 at 10:00 a.m. revealed the following:</p> <ol style="list-style-type: none"> 1. The 4-year fire damper maintenance was not performed by exercising the fire dampers. 2. All the facility's' corridor clean linen closets do not have fire dampers installed in the one (1) hour fire rated ceiling assembly. 3. Nurses' station air supply does not have a fire damper installed in the one (1) hour fire rated ceiling assembly. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on April 24, 2013.</p>	K 067	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>May 13, 2013.</p> <p>The required 4 year fire damper maintenance will be completed by May 17, 2013.</p> <p>Inspections of the fire dampers will be scheduled and included in the facility's Preventative Maintenance (PM) Program to ensure inspections by a qualified contractor is conducted at least every 4 years as required by life safety codes Results of the inspections are reported to Performance Improvement Committee at regular scheduled monthly meetings for review and corrective actions, if indicated. This committee includes Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Case Manager, RN Care Plan Coordinator, Social Services Director, Activities Director, Nutritional Services Director, Business Office Manager and Admissions Coordinator.</p>	